Substitute for form 1449/PTO				Complete if Known		
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STATEMENT BY APPLICANT (Use as many sheets as necessary)			CANT	First Named Inventor	DiFrancesco, David	
				Art Unit	2621	
			ı	Examiner Name	Anyikire, Chikaodili E.	
Sheet	1	of	1	Attorney Docket Number	021751-002150US	

Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
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		Country Code ³ Numb	ber ⁴ Kind Code ⁵ (<i>if known</i>)	MM-DD-YYYY	15.11	or Relevant Figures Appear	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

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1 Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.